ATTACHMENT 12 CONTRACTOR and RESELLER INFORMATION

(for ordering and contract administration purposes)

| CONTRACTOR/COMPANY INFORMATION | |
|-----------------------------------|---------------------------------|
| Company Name: | Mitchell Furniture Systems Inc. |
| Address (from first page of bid): | 1700 W St. Paul Avenue |
| Company Website: | WWW.mitchell-tables.com |
| Federal ID #: | 39-1720095 |
| NYS Vendor ID #: | 1000057674 |
| Contract Administrator Name: | Jamie Uschan |
| Title: | Regional Sales Manager |
| Email: | jlynn@mitchell-tables.com |
| Phone: | 414-930-5748 |
| Toll Free Phone: | 800-590-5960 |

| SALES/BILLING (if different from above) | |
|---|---------------------------|
| Contact Name: | Jamie Uschan |
| Title: | Regional Sales Manager |
| Address: | 1700 W. St Paul Avenue |
| Email: | jlynn@mitchell-tables.com |
| Phone: | 414-930-5748 |
| Toll Free Phone: | 800-290-5960 |

| EMERGENCIES | |
|---------------|---------------------------|
| Contact Name: | Jamie Uschan |
| Title: | Regional Sales manager |
| Address: | 1700 W St. Paul Avenue |
| Email: | jlynn@mitchell-tables.com |
| Phone: | 414-930-5748 |
| Cell Phone: | 414-405-2739 |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Hertz Furniture Systems Inc. |
| Address: | 170 Williams Drive Suite 201 |
| Federal ID #: | 223795977 |
| NYS Vendor ID #: | 1000008875 |
| Contact Name: | Mutty Leiser |
| Title: | Manager Bids & Contracts |
| Email: | bids@hertzfurniture.com |
| Hours of Availability: | M-F 8am to 5pm |
| Phone: | 800/526-4677 ext. 1220 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| Restrictions Applicable to this Reseller (if any): | |

^{*}If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|--|
| Company Name: | MeTEOR Education LLC |
| Address: | 4348 Loveland Drive Liverpool NY 13090 |
| Federal ID #: | 26-3476027 |
| NYS Vendor ID #: | 1100081688 |
| Contact Name: | Marty Groginski |
| Title: | Learning Environment Specialist |
| Email: | mgroginski@meteoreducation.com |
| Hours of Availability: | M-F 8am – 5pm |
| Phone: | 800-699-7516 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | None |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Nickerson Corporation |
| Address: | 11 Moffit Blvs. Bay Shore NY 11706 |
| Federal ID #: | 06-0905538 |
| NYS Vendor ID #: | 1000005344 |
| Contact Name: | Bruce J Paci |
| Title: | Vice President |
| Email: | bpaci@nickersoncorp.com |
| Hours of Availability: | M – F 8am – 5pm |
| Phone: | 631-666-0200 x 230 |
| MWBE and/or SDVOB Certification: | ☑ NYS Certified Women Owned □ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| Restrictions Applicable to this Reseller (if any): | None |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | School Eseentials of PA Inc. |
| Address: | 207 Mill Street Wilkes Barre PA 18705 |
| Federal ID #: | 20-0819515 |
| NYS Vendor ID #: | 1100171043 |
| Contact Name: | John Reese |
| Title: | President |
| Email: | rreesejohn@aol.com |
| Hours of Availability: | M-F 8am to 5pm |
| Phone: | 570-760-3203 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

^{*}If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Syracuse Office Environments |
| Address: | 375 Erie Blvd West Syracuse NY 13202 |
| Federal ID #: | 15-0510033 |
| NYS Vendor ID #: | 1000007334 |
| Contact Name: | Vince Sweeny |
| Title: | President |
| Email: | vsweeney@soesyt.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 315-476-9091 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ☑Take orders ☑Ship Direct ☑ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | School Specialty Inc. |
| Address: | 100 Paragon Parkway Mansfield OH 44903 |
| Federal ID #: | 39-0971239 |
| NYS Vendor ID #: | 1000009266 |
| Contact Name: | Tom Ryan |
| Title: | Manager – Regional Sales |
| Email: | tom.ryan@schoolspecialty.com |
| Hours of Availability: | M-F 8-5PM |
| Phone: | 315-440-6866 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Shiffler Equipment Sales Inc. |
| Address: | 745 South Street Chardon OH 44024 |
| Federal ID #: | 34-1174153 |
| NYS Vendor ID #: | 1000009120 |
| Contact Name: | Kristen Hamer |
| Title: | VP Sales and Marketing |
| Email: | k.hammer@shifflerequip.com |
| Hours of Availability: | 8-5 |
| Phone: | 800-547-1539 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified |
| | Minority Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ⊠Take orders □Ship Direct ☒ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

^{*}If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Waldner's Business Environments Inc. |
| Address: | 125 Route 110 Farmingdale NY 11735 |
| Federal ID #: | 11-1554704 |
| NYS Vendor ID #: | 1000023854 |
| Contact Name: | Susan Kennedy |
| Title: | Executive Assistant |
| Email: | skennedy@waldners.com |
| Hours of Availability: | 8:30am - 4:30pm |
| Phone: | 631-844-9348 |
| MWBE and/or SDVOB Certification: | ☑ NYS Certified Women Owned ☐ NYS Certified Minority |
| | Owned □ SDVOB |
| SBE: | ⊠NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ☐ Take orders ☐ Ship Direct ☐ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Young Equipment Solutions, Inc. |
| Address: | 325 Rabro Dr. suite 1, Hauppauge, NY 11788 |
| Federal ID #: | 11-2803327 |
| NYS Vendor ID #: | 1000011915 |
| Contact Name: | Randi Ruple |
| Title: | Director of Furniture |
| Email: | randi@youngequipment.com |
| Hours of Availability: | M-F 9- 5 EST |
| Phone: | 631-582-5900 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
| | Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | TODAYS CLASSROOM |
| Address: | 6551 Middlebranch Ave NE Canton, OH 44721 |
| Federal ID #: | 27-2268879 |
| NYS Vendor ID #: | 1100082129 |
| Contact Name: | Rick Griffith |
| Title: | CFO |
| Email: | rick@todaysclassroom.com |
| Hours of Availability: | 7AM to 4PM EST |
| Phone: | 877-909-9910 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
| | Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | None |

^{*}If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Henricksen |
| Address: | 1040 Avenue of Americas, NY, NY 10018 |
| Federal ID #: | 36-2649935 |
| NYS Vendor ID #: | 1100113335 |
| Contact Name: | Keith Cooper |
| Title: | General Manager |
| Email: | k.cooper@henricksen.com |
| Hours of Availability: | 9am to 5 pm ET |
| Phone: | 212-897-8976 |
| MWBE and/or SDVOB Certification: | ☐ NYS Certified Women Owned ☐ NYS Certified Minority |
| | Owned □ SDVOB |
| SBE: | □NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | ⊠Take orders ⊠Ship Direct ⊠ Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | None |

^{*}If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID